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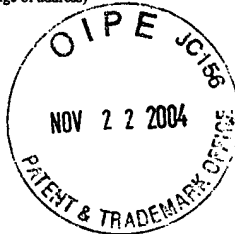
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21036 7590 09/16/2004

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| | |
|------------------------|--------------------|
| Tammi L. Taylor | (Depositor's name) |
| <i>Tammi L. Taylor</i> | (Signature) |
| 11/17/04 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------|---------------------|------------------|
| 10/623,196 | 07/18/2003 | Robert E. Maleczka JR. | MSU 4.1-615 | 2830 |

TITLE OF INVENTION: SYNTHESIS OF AMINOARYLBORONIC ESTERS AND SUBSTITUTED ANILINES FROM ARENES VIA CATALYTIC C-H ACTIVATION/BORYLATION/AMINATION AND USES THEREOF

| | | | | | |
|----------------|--------------|-----------|-----------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$665 | \$300 | \$965 | 12/16/2004 |

EXAMINER: KILLOS, PAUL J. ART UNIT: 1625 CLASS-SUBCLASS: 568-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ian C. McLeod

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Board of Trustees of
Michigan State University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

East Lansing, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0610 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ian C. McLeod

Date 11/17/04

Typed or printed name Ian C. McLeod

Registration No. 20,931

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11/23/2004 ZJUHR2 00000032 10623196

01 FC:2301
02 FC:1504

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